

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SM</i>		03-09-01
O.I.P.E. CLASSIFIER		43	8/15/01
FORMALITY REVIEW	<i>mk</i>	569	9/12/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/3/02
2	✓	✓	9/3/02
3	✓	✓	9/3/02
4	✓	✓	9/3/02
5	✓	✓	9/3/02
6	✓	✓	9/3/02
7	✓	✓	9/3/02
8	✓	✓	9/3/02
9	✓	✓	9/3/02
10	✓	✓	9/3/02
11	✓	✓	9/3/02
12	✓	✓	9/3/02
13	✓	✓	9/3/02
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If more than 150 claims or 10 actions  
 staple additional sheet here

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